## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Appl. son or Docket Number

487411

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI	L ENTITY	OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	OR	RATE	FEE
BAS	SIC FEE	_	i a s							365.00	OR	\$ .	730.00
TOT	AL CLAIMS		<u> </u>	minu	ıs 20 =	*			x\$11=		1	x\$22=	700.09
IND	EPENDENT CL	AIMS		/ min	us 3 =		····	1	x38=		OR	<del></del>	<del>                                     </del>
MULTIPLE DEPENDENT CLAIM PRESENT									<del></del>		OR	x76=	
* If the difference in column 1 is less than zero, enter "0" in column 2									+120=	7/25	OR	+240=	
,	••	_				TOTAL	<i>SO(</i> )	OR	TOTAL	730-			
		(Colui	AMENDE	(C	(Column 3)		SMALI	LENTITY	OR	OTHER THAN SMALL ENTITY			
<b>AMENDMENT A</b>	**************************************	CLAIMS REMAINING AFTER AMENDMENT		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 1		Minus	**	20	=		x\$11=		OR	x\$22=	
	Independent	' /		Minus	***	3	=		x38=		OR	x76=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDE						AIM		+120=		OR	+240=	
	(Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
AMENDMENT B		CLAI REMAI AFT AMEND	MS NING ER		HIC NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* / 6	1	Minus	.**	20	=		x\$11=		OR	x\$22=	
	Independent	• _5		Minus	*** ′	3	=2_		x3 <del>8</del> =	78	OR	x76=	
	FIRST PRES	SENTATI	MULTIPLE	DEPE	NDENT CL	AIM		+120=		OR	+240=		
	(Column 1) (Column 2) (Column 3)							ΑI	TOTAL ODIT. FEE		−OR ,	TOTAL ADDIT. FEE	
Ā		CLAI REMAI AFTI AMEND	ning Er		NU PRE\	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 14	/	Minus	** .	20	= ~		x\$11=		OR	x\$22=	
	Independent	<u>٠                                    </u>		Minus	***	51	=		x38=		OR	x76=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +120=										OR	+240=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 2.										OR A	TOTAL DDIT. FEE		

FORM **PTO-875** (Rev. 10/94)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998  08   487411													
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ENTITY	OR	OTHER SMALL	
FC	PR		NUMBE	R FILED	NL	MBER	EXTRA	RAT	E	FEE	1	RATE	FEE
ВА	SIC FEE									380.00	OR		760.00
то	TAL CLAIMS		minus 20=			*			9=		OR	X\$18=	
IND	EPENDENT CL	AIMS		minus	3 = *			X39	)=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									)= O=	<del></del>		+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2										OR OR	TOTAL	
CLAIMS AS AMENDED - PART II										L	JOR	OTHER	THAN
_	(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL	
ENTX		REM Al	AIMS IAINING FTER NDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	93	Minus	** 4	25	= 68	X\$ 9	9=		OR	X\$18=	1224.00
<b>AMENDMENT</b>	Independent	*	15	Minus	***	5	= /0	X39	)=		OR	X78=	180.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  # 468 pefund due										OR	+260=	
											OR	TOTAL, ADDIT. FEE	004.00
		(Col	umn 1)		(Colu	mn 2)	(Column 3)	ADDIT.	ree (		•	ADDII. FEET	
ENT 🚱		REM A	AIMS IAINING FTER NOMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT	Total /	* /	06	Minus	** 9	3_	= 13	X\$ 9	)=		OR	X\$18=	23410
AME	Independent FIRST PRESE	* 1	OF M	Minus ,	***×××××	T CL AIM		X39	=		OR	X78=	
•	FINST PRESE	MIAIN	JN OF MI	JLIIFLE DEI	CINDEN	CLAIM		+130	)=		OR	+260=	
								TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE	231.00
			umn 1)			mn 2)	(Column 3)						
AMENDMENT C		REM A	AIMS IAINING FTER NDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*		Minus	***		=	X39	_		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENDEN	T CLAIM		.400					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+260=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE													
· ·	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

**Application or Docket Number**